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BIOMEDICAL ETHICS OF SURROGACY AND INVITRO FERTILIZATION (IVF) IN BELARUS AND SRI LANKA

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Abstract

The purpose of this study was to study the surrogacy from the perspective of bioethics in the Republic of Belarus and Sri Lanka. The methodological basis of the research is the multidisciplinary approach. The research methods were the analysis of scientific literature. The traditional surrogacy in the Republic of Belarus is prohibited and traditional surrogacy is performed in Sri Lanka. And in both countries' surrogacy is medically allowed. And there is no objection from the people to use surrogacy and Invitro fertilization for the parents who cannot have children. But population should know more about the issues from the standpoints of bioethics, respect the human rights and the formation of the tolerant attitude.

Key words: surrogacy, invitro fertilization, bioethics.

INTRODUCTION

Some women are medically unable to carry a child to term but are still unable to produce healthy eggs. For some women, this is because they have a congenital problem with their uterus, or because it has been damaged by injury or disease, or removed by a hysterectomy.

Some choose invitro fertilization (IVF) or surrogacy because they have undergone several unexplained pregnancy losses. Others may have been advised against attempting pregnancy due to other medical issues such as diabetes, hypertension, or heart disease.

Whatever the specific circumstances of a case may be, using an IVF or surrogate can offer hope for patients who are willing to have children. But there are some bioethics issues in performing this surrogacy and IVF in different countries and there are different views in the populations about these processes.

Data from the scientific and social studies conducted in Belarus and in Sri Lanka indicate the influence and bioethics of surrogacy and IVF and the issues in surrogacy in both countries.

THE PURPOSE OF THE STUDY

To study surrogacy from the perspective of bioethics.

MATERIALS AND METHODS

The study was conducted on the basis of the Vitebsk State Order of Peoples' Friendship Medical University. The sample consists of 202 respondents, including 64 people (students of the 6th year of medical faculty), 90 people (1st year students of the faculty of training overseas citizens), and 48 people (1st year students of the faculty of medicine). Statistical data processing was performed using the application software package «STATISTICA 8.0», Microsoft Excel. In all statistical analysis procedures, the critical significance level of p was assumed to be 0.05.

RESULTS OF THE STUDY

In this study, we have studied the difference between the bioethics of surrogacy and IVF in Sri Lanka and Belarus. And also, we have found some issues of this process. The first IVF child on Sri Lankan soil was born in November 1999 to a Tamil couple from Batticaloa. The team of doctors was headed by Dr. V. Arulandarajah, who was Director of the ICSI Lanka Fertility Centre in Colombo. In the absence of appropriately trained local specialists, Dr. Arulandarajah had assembled a multinational team which was able to carry out an IVF procedure that resulted in the birth of a child by Caesarean section

in a private hospital in Colombo. A much more widely reported 'first' occurred in July 2002 with the birth of a baby girl called Janaki. The team led by Professor Harshalal Seneviratne was all Sri Lankan, this demonstration of technological self-sufficiency was cause for much pride [1, 2].

At the moment, there are similarities and a number of differences in the procedure of surrogacy in Belarus and Sri Lanka.

In the Republic of Belarus the traditional surrogacy is prohibited and in Sri Lanka, the traditional surrogacy is performed. And in both countries surrogacy is medically allowed. But in Sri Lanka there is no legal coverage for it, but in Belarus there are legal coverages to surrogacy according to act No. 341-3 dated 07.01.2012 "On assisted reproductive technologies" and act №54 Dated 01.06.2012 "On some issues of the use of assisted reproductive technologies". In Belarus surrogate mother cannot be an egg donor but in Sri Lanka surrogate mother can be an egg donor, in both countries the surrogate mother is given an embryo obtained from the genetic material of the parents (sperm and eggs of the biological parents). In Belarus

and Sri Lanka if one of the parents is infertile, donor germ cells are used. In Belarus if the parents are foreign citizens, the child receives the citizenship of their biological parents, officially registered at the Embassy [1, 2]. But in Sri Lanka there is no legal clearance yet, so the citizenship of the child is a question and in Belarus a notarized contract is signed between the surrogate mother and the genetic parents and genetic parents can't give up their child but in Sri Lanka it is not done since there is no proper law yet (**table 1**).

And in both countries, there are issues in performing surrogacy such as: it's highly expensive, it can have some health risks, non-survival of the fetus, artificial feeding, and the question of maternal feelings [3].

We conducted a survey among the students of the 6th year of the medical faculty and the 1st year of medical faculty and the faculty of training foreign citizens. Opinions were divided. To the question "What do you know about the surrogacy procedure?" 60% of respondents said that this is a procedure when a foreign woman is given an embryo obtained from the germ cells of her genetic parents, and she bears it. However, 40% of respondents believe that this procedure is when

Table 1. Comparative characteristics of surrogacy procedures in Sri Lanka and the Republic of Belarus

Sri Lanka	The Republic of Belarus
Traditional surrogacy is performed (In some cases the surrogate mother is the genetic mother for the child).	Traditional surrogacy is prohibited by law.
Surrogacy is medically allowed, there is no legal coverage for intended mother and surrogate mother.	Surrogacy is allowed only if there are medical indications.
Surrogate mother has no rights for the child but there is no legal protection for intended parents.	The surrogate mother has no rights for the child.
Can be egg donor.	A surrogate mother cannot be an egg donor.
The surrogate mother is given an embryo obtained from the genetic material of the parents (sperm and eggs of the biological parents).	The surrogate mother is given an embryo obtained from the genetic material of the parents (sperm and eggs of the biological parents).
If one of the parents is infertile, donor germ cells are used.	If one of the parents is infertile, donor germ cells are used.
No legal clearance yet.	If the parents are foreign citizens, the child receives the citizenship of their biological parents, officially registered at the Embassy.
No.	A notarized contract is signed between the surrogate mother and the genetic parents.
No law yet.	Genetic parents can't give up their child.
Financial benefits.	The surrogate mother receives a reward.

an outsider woman is given an embryo obtained from donor germ cells that have nothing to do with the genetic parents, and she bears it. Thus, we can conclude that there is a lack of awareness about this procedure among this age group. And 40% of them consider this procedure is accessible and 60% of them consider this procedure is inaccessible, 90% of them said it's correct to perform surrogacy for the parents who cannot have children and only 10% said it's wrong.

CONCLUSION

1. At the present stage this procedure evokes a positive attitude, despite the national cultural characteristics.

2. Detailed regulation of surrogacy is necessary, first of all in the law, perhaps then some ethical problems will be solved.

3. It is necessary to better inform the population on this issue from the standpoint of bioethics respect for human rights and formation of a tolerant attitude.

4. In relation to patients. Physicians are committed not only to more complex activities from a technical point of view. But also, through greater ethical and professional awareness, they can shape public opinion about the diverse and complex legal aspects of bioethics. This is the highest synthesis of bioethical evolution. Doctors can give the practical solution of specific medical problems in a comprehensive view of full respect for human rights and dignity.

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